

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-004272

STATE FILE NUMBER

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1422

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Louis

Length of stay in 1b  
10 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY

c. CITY  
OR  
TOWN St. Louis

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION St. Luke's Hospital

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS 5806 Garesche Ave.

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

Louis

W.

Murphey

4. DATE  
OF  
DEATH

Month

Day

Year

January 30, 1962

5. SEX  
male

6. COLOR OR RACE  
white

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
3-10-1870

9. AGE (last birthday)  
91

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired Contractor

10b. KIND OF BUSINESS OR INDUSTRY  
Self-Employed

11. BIRTHPLACE (City and state or country)  
Richwood, Missouri

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Jacob L. Murphey

13b. MOTHER'S MAIDEN NAME

Alice Godat

14. NAME OF HUSBAND OR WIFE

Alvinna Murphey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Alvina W. Murphey, 5806 Garesche Ave.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute right heart failure

INTERVAL BETWEEN  
ONSET AND DEATH  
few minutes

DUE TO (b) Bronchopneumonia & Pulmonary embolus

DUE TO (c) Intertrochanteric fracture right femur

14 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fell at home

20c. TIME OF INJURY  
Hour X  
p.m. 7  
Month, Day, Year 1-16-62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
07 home

20f. CITY, TOWN, OR LOCATION  
St. Louis

COUNTY

STATE

21. I attended the deceased from Jan. 18, 1962

to Jan. 30, 1962 and last saw her him alive on Jan. 30, 1962

Death occurred at

11:30

P.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Degree or title

Marshall B. Conrad M.D.

22b. ADDRESS

41 No. Central, Clayton 5, Mo.

22c. DATE SIGNED

2-1-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

2-2-62

23c. NAME OF CEMETERY OR CREMATORY

Laurel Hill Gardens

23d. LOCATION (City, town, or county)

St. Louis Co. Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Math Hermann & Son, Inc. 2161 E. Fair Ave. FEB 2 1962

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Julius R. Brown*

Licensed Embalmer No. 5146

P. O. Address

St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.